



ENROLLMENT APPLICATION

CHILD'S NAME _____
(last) (first) (nickname)

CHILD'S ADDRESS _____ **PHONE** _____
(street) (city) (zip)

BIRTHDAY _____ **AGE** _____ **SEX** _____
(mo.da.yr.)

FATHER'S NAME _____ **ADDRESS** _____

FATHER'S OCCUPATION/ADDRESS _____

FATHER'S PHONE _____ **BUSINESS/CELL** _____

MOTHER'S NAME _____ **ADDRESS** _____

MOTHER'S OCCUPATION/ADDRESS _____

MOTHER'S PHONE _____ **BUSINESS/CELL** _____

******Parent/guardian's email address so teacher/preschool director can communicate-**

KNOWN ALLERGIES _____

CHILD'S PHYSICIAN _____ **PHONE** _____
(Name) (Address)

ALTERNATE PERSON TO BE CONTACTED IN CASE OF ILLNESS OR EMERGENCY:

1. _____
(name) (address) (phone) (relationship)

2. _____
(Name) (Address) (Phone) (Relationship)

Date _____ **Parent/Guardian Signature** _____